



06-10-04

AF/3724

PATENT

**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE**

Serial No.: 10/085,730)
Applicant: William F. Nordlin)
Filed: February 28, 2002)
For: **KNOCKOUT PUNCH WITH**)
PILOT HOLE LOCATOR)
Examiner: Phong H. Nguyen)
Art Unit: 3724)
Atty. Docket No.: 913/39548/290)

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Date of Deposit: June 9, 2004

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Tiffany E. Sexton
Tiffany E. Sexton

**AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION
DATED MAY 5, 2004**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Final Office Action of May 5, 2004, having a shortened statutory period for response set to expire on August 5, 2004, kindly amend the above-designated application as follows:

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In re application of: William P. ~~Modell~~
 Serial No.: 10/085,730
 Filed: February 28, 2002
 For: **KNOCKOUT PUNCH WITH PILOT HOLE LOCATOR**

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 COMMISSIONER FOR PATENTS
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 Alexandria, VA 22313-1450



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<u>Jeffery E. Sexton</u> Jeffery E. Sexton	

Sir:

Transmitted herewith is an "Amendment And Response to Final Office Action dated May 5, 2004 for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 33	MINUS	** 38	0
INDEP.	* 5	MINUS	** 6	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
Rate	Addit. Fee
x 9 =	\$.00
x 43 =	\$.00
+ 145 =	\$.00
TOTAL ADDIT. FEE	\$.00

OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee
x 18 =	\$.00
x 86 =	\$.00
+ 290 =	\$.00
TOTAL	\$.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$_____. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: June 9, 2004

James A. O'Malley
Richard A. Giangorgi
 Richard A. Giangorgi, Reg. No. 24,284
 Linda L. Palomar, Reg. No. 37,903
 James A. O'Malley, Reg. No. 45,952
 Attorneys of Record